



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**

By Carol Day at 11:42 am, Aug 28, 2014

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN RCSO109345	PRINTER SN 099.3586.999	DATE OF INSPECTION 08/14/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 2319 GREEN ST CENTERVILLE ( REYNOLDS COUNTY SHERIFF'S OFFICE )		TIME OF INSPECTION

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

☒ SIMULATOR SOLUTION

☒ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER INTOXIMETERS LOT # AG409802 EXP. DATE 04/08/2016

☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIMULATOR SN SIMULATOR EXP DATE

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☐ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☒ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 → .082

TEST 2 → .081

TEST 3 → .081

☒ RFI DETECTOR OPERATING

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

**INSPECTING OFFICER**

SIGNATURE  
[Signature]

PRINT NAME  
DEPUTY RANDALL MARTIN

TYPE II PERMIT NUMBER/EXPIRATION DATE  
240280 / 06/13/2016

TELEPHONE NUMBER  
(573) 648-2491

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901



Airgas USA LLC (LAB)  
3500 Bernard Street  
St. Louis, Mo, 63103  
Ph: (314) 533-3100  
Fax: (314) 533-7328

## Certificate of Analysis

Customer Name  
Intoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

Test Date: 8-Apr-2014

Lot # AG409802

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
8-Apr-2016	108	Ethanol	0.080 ± 0.002 BrAC (218 ppm)
		Nitrogen	Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method: NDIR

Digitally signed by Quality Control  
Date: 2014.04.09 10:33:17 -05:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Analyst: \_\_\_\_\_

  
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989,01

AS IV Serial no: 109345  
Version no: 532B

TEST RECORD 00142

Temp Date Time 210L  
s/

Air Blank:  
02/14/14 11:41 .000  
Calibration Check:  
25 02/14/14 11:41 .001

Subject Name

Subject I.D.

*Test*

Operator Name, I.D.

*MAXON 240280*  
Location

*RC 50*

AS IV Serial no: 109345  
Version no: 532B

TEST RECORD 00141

Temp Date Time 210L  
s/

Air Blank:  
02/14/14 11:40 .000  
Calibration Check:  
24 02/14/14 11:40 .001

Subject Name

Subject I.D.

*Test*

Operator Name, I.D.

*MAXON 240280*  
Location

*RC 50*

AS IV Serial no: 109345  
Version no: 532B

TEST RECORD 00140

Temp Date Time 210L  
s/

Air Blank:  
02/14/14 11:39 .000  
Calibration Check:  
23 02/14/14 11:39 .000

Subject Name

*Test*

Subject I.D.

Operator Name, I.D.

*MAXON 240280*  
Location

*RC 50*

AS IV Serial no: 109345  
Version no: 532B

TEST RECORD 00143

Temp Date Time 210L  
s/

VOID: RFI  
12 02/14/14 11:48

Subject Name

*Test*  
Subject I.D.

Operator Name, I.D.

*MAXON*  
Location  
*RC 50*



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

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**PERMIT  
TYPE II**

**RANDALL E MARTIN**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**ALCO-SENSOR IV WITH PRINTER**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 6/13/2014

NUMBER 240280

EXPIRES 6/13/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 550-0771 (0-10)

LAB-4 (RD-10)

	STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM
	<b>INSTRUMENT OPERATOR CARD</b>
<small>The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.</small>	
Operator <b>MARTIN, RANDALL</b> Permit No <b>240280</b> Date Issued <b>6/13/2014</b> Date Expires <b>6/13/2016</b>	